



1F 2133

Attorney Docket: 807-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ohira et al.

Group Art Unit: 2133

Serial No.: 09/771,733

Examiner: Fritz Alphonse

Filed: January 29, 2001

For: METHOD FOR ENCODING/DECODING ERROR CORRECTING CODE,
TRANSMITTING APPARATUS AND NETWORK

Box Non-Fee Amendment

Commissioner for Patents

Box 1450

Alexandria, VA 22313-1450

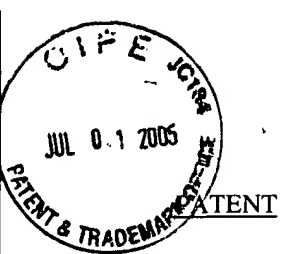
AMENDMENT

Sir:

In response to the Office Action mailed April 21, 2005 in connection with the above-referenced application, please enter the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 34 of this paper.



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CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

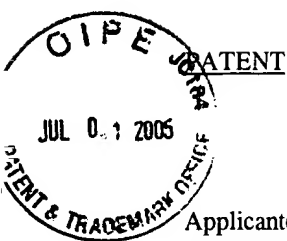
SOFER & HAROUN, L.L.P.

By: 
Valentina Papraniku

Date: June 29, 2005

Mailing Address:

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AMENDMENT FEE TRANSMITTAL

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	45	-	45	=0	x \$50.00	\$ _____
Independent Claims	8	-	8	=0	x \$200.00	\$ _____
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ _____
					Total:	\$ _____

☐ Verified Statement of "Small Entity" Status Under 37 CFR § 1.27
filed _____. Reduced Fees Under 37 CFR § 1.9(f)

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

(50% of total) paid herewith.

\$ _____

- ☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 19-2825. Order No. 807-007.
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☐ _____ Page(s) of substitute Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$ _____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: June 29, 2005

By: _____

Joseph Sofer

Registration No. 34,438

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